

## **ADULT PERFORMANCE OUTCOME SYSTEM PRELIMINARY FINDINGS**

The Department of Mental Health (DMH) is still in the initial phase of data collection for the Adult Performance Outcome System (APOS). Data are being gathered quarterly this first year (SFY 1999-2000) in order to test state and county performance outcome data management systems, verify the accuracy of data transmissions, collect county feedback on the reports provided by DMH, address staff training issues, and obtain baseline data. DMH reports to counties will be expanded and refined over time as feedback is obtained regarding their usefulness.

This section contains descriptive information based on first quarter data from a little over 7,000 adult clients. These data are preliminary and should not be considered representative of the statewide population of adults with serious mental illnesses. However, these data do provide interesting preliminary information. Eventually more sophisticated analyses will be completed to explore such issues as whether differences found among groups are statistically significant and meaningful as well as how that information could be translated into program improvement.

### **Limitations/Weaknesses of Data**

As can be expected in complex projects involving so many constituencies, everyone involved has had to compromise on their expectations. However, accurate and timely data are key to an effective program. At this point, several weaknesses have been identified and need to be resolved. Obtaining timely data from the main DMH database systems has turned out to be problematic. This is primarily due to the fact that these systems generally are about one year in arrears. Because APOS has as one of its goals the rapid turn-around of data for counties to use in their quality management programs, data from other DMH data systems are usually not included.

There are also additional factors that affect the interpretability of these data. The extent to which counties strictly comply with data collection and reporting protocols, for example, may affect the usefulness of these data in making comparisons between county programs. Additionally, the fact that many conditions are unique to each county, make strict comparisons difficult. Finally, mental health consumers are able to refuse to complete the survey which may lead to a certain amount of response bias that could directly affect the results of data analysis. Therefore, any interpretations based on these data should be viewed with caution.

### **Highlights of Current Findings**

Since the Adult Performance Outcome System has only recently begun receiving data from counties, only very preliminary descriptive data are available. The following pages present *for first quarter data* certain descriptive information (diagnosis, age, ethnicity, and gender) about clients as well initial results

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from the instrument data. Some regional results are based on limited numbers from only a few counties and should be interpreted cautiously.

## DIAGNOSIS

The table below shows the frequency and percent of the state's seriously mentally clients, as reported in the first quarter's data, categorized by diagnostic category. Note: the valid percent column excludes missing data. More than half of these clients (51.1%) are categorized as having a "Mood Disorder", which includes such diagnoses as bipolar disorders and depressive disorders. The other diagnostic category which includes a large percentage of clients is "Schizophrenia and Other Psychoses" (41.6%). A much smaller percentage of the clients have disorders categorized as "Anxiety Disorders" (2.2%), which includes such things as panic disorders, certain phobias, obsessive compulsive disorders and stress disorders).

**Diagnostic Category**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Schizo/Othr Psychotic	2918	40.9	41.6	41.6
	Mood Disorders	3590	50.3	51.1	92.7
	Anxiety Disorders	153	2.1	2.2	94.9
	Other Diagnoses	358	5.0	5.1	100.0
	Total	7019	98.3	100.0	
Missing	Missing (9)	120	1.7		
Total		7139	100.0		

## AGE

The table below illustrates the frequencies and percents for first quarter data categorized by age (the adult program mental health consumers aged 18 through 59). The highest percentage of clients are in the 40 to 49 age category (34.8%) and in the 30 to 39 age category (28.4%).

**Age Category**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18 - 20 years	211	3.0	3.0	3.0
	21 - 29 years	1008	14.1	14.1	17.1
	30 - 39 years	2028	28.4	28.4	45.5
	40 - 49 years	2485	34.8	34.8	80.3
	50 - 59 years	1406	19.7	19.7	100.0
	Total	7138	100.0	100.0	

## ETHNICITY

The table below shows the frequency and percent of the state's seriously mentally clients, as reported in the first quarter's data, categorized by ethnicity. While DMH is actually collecting data for more than twenty different ethnicities, currently most of these have too few numbers for individual analysis. When DMH has received data from a more representative and complete group of counties and is comfortable with their accuracy, a comparison will be made with actual statewide percentages of county mental health clients obtained from the CSI database.

**Ethnic Categories - Adult**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	White	4196	58.8	59.6	59.6
	Hispanic	888	12.4	12.6	72.2
	Black	1086	15.2	15.4	87.6
	Asian	255	3.6	3.6	91.2
	Other	620	8.7	8.8	100.0
	Total	7045	98.7	100.0	
Missing	Missing (9)	94	1.3		
Total		7139	100.0		

## GENDER

The table below shows the frequency and percent of the state's seriously mentally clients, as reported in the first quarter's data, categorized by gender. According to first quarter data, 54.6 % of the clients are female and 45.3% are male. Other analyses on these data indicated that the percentage of females increases as age increases.

**Gender**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	3898	54.6	54.6	54.6
	Male	3234	45.3	45.3	100.0
	Other	2	.0	.0	100.0
	Total	7134	99.9	100.0	
Missing	Missing (9)	1	.0		
	Unknown	4	.1		
	Total	5	.1		
Total		7139	100.0		

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Instrument Results

The first DMH quarterly reports have been sent to county mental health directors and describe in more detail results from the adult instruments. These reports provide county, regional, and statewide comparisons. Some regional results are based on limited numbers from only a few counties and should be interpreted cautiously.

GAF SCORES

The *Global Assessment of Functioning (GAF) Scale* is a rating scale used by clinicians to indicate a client's general level of functioning. GAF scores can range from 1 (most serious) to 100 (no symptoms). Most of the clients in the first quarter received GAF scores in the range of 31 to 60 which indicates moderate to serious symptoms. The mean (average) score for this group was just under 50. A high percentage of the clients (16.6%) had missing data for this instrument or received a 0 indicating that their clinician had inadequate information to provide a score.

**GAF Categories (deciles)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 - 10	13	.2	.2	.2
	11 - 20	37	.5	.6	.8
	21 - 30	309	4.0	4.8	5.6
	31 - 40	1595	20.7	24.8	30.4
	41 - 50	2703	35.1	42.0	72.4
	51 - 60	1565	20.3	24.3	96.8
	61 - 70	175	2.3	2.7	99.5
	71 - 80	25	.3	.4	99.9
	81 - 90	8	.1	.1	100.0
	91 - 99	1	.0	.0	100.0
	Total	6431	83.4	100.0	
Missing	Can't score	1278	16.6		
Total		7709	100.0		

## BASIS-32

The *Behavior and Symptom Identification Scale (BASIS-32)* is a 32-item inventory measuring behavioral functioning and symptomatology from the client's perspective. The instrument can be used with adults experiencing a wide variety of symptoms and diagnoses. Since the client completes this instrument, the clinician may or may not agree with these ratings.

BASIS-32 item scores are based on a 5-point scale that ranges from 0 to 4. Each item asks for the degree of difficulty the client has experienced in a variety of areas in the past week. Ratings are defined as follows:

0	=	No difficulty
1	=	A little difficulty
2	=	Moderate difficulty
3	=	Quite a bit of difficulty
4	=	Extreme difficulty

Results can be scored into five subscales (i.e., relation to self and others, depression/anxiety, daily living skills, impulsive/addictive behavior, and psychosis) and an overall average. When interpreting BASIS-32 subscale scores, lower scores are better and indicate the client reports less difficulty overall in that area. Note: although a subscale score may be toward the lower or higher end, the client may have actually reported considerably more difficulty about one item than others in the subscale. Clinicians are encouraged to examine item as well as subscale results.

The average scores on each of these subscales for first quarter data overall and by region are:

Subscales	Overall Average	Region 1 Bay Area	Region 2 Central	Region 3 Southern	Region 4 Superior
Relation to Self and Others	1.74	1.66	1.79	1.64	1.68
Depression/ Anxiety	1.87	1.73	1.91	1.83	1.79
Daily Living Skills	1.82	1.70	1.86	1.76	1.74
Impulsive/ Addictive Behavior	.84	.74	.87	.81	.70
Psychosis	1.00	.95	1.07	.90	.76
Overall	1.49	1.38	1.53	1.42	1.37

## QUALITY OF LIFE

Primarily due to technology issues, counties have been given the flexibility to *choose one* of the following quality of life instruments:

- California Quality of Life (*CA-QOL*), or
- Lehman's Quality of Life - Short Form (*QL-SF*)

The subscales measured by both instruments include general living situation, daily activities and functioning, family and social relationships, finances, work and school, legal and safety issues, and health. Reports are in the format of CA-QOL equivalent scores. QL-SF scores are transformed through the use of a regression equation developed during a pilot test of both the CA-QOL and QL-SF.

Both instruments are comprised of two kinds of scales: subjective scales and objective scales. The subjective scales ask the client to report satisfaction with a number of areas related to quality of life. The objective scales ask the client to report specific objective data that may directly affect his or her quality of life.

Both instruments are client self-reports. It is important to remember that a variety of factors may influence a client's quality of life and many of these factors are beyond the control of county mental health programs. Additionally, a client's symptoms, physical health, medication, etc. could affect ratings.

### Subjective Scales

All of the items measuring subjective scales use the same 7-point ordinal scale.

1	=	Terrible
2	=	Unhappy
3	=	Mostly Dissatisfied
4	=	Mixed
5	=	Mostly Satisfied
6	=	Pleased
7	=	Delighted



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The average scores on each of the subjective subscales for first quarter data overall and by region are:

Satisfaction with:	Overall Average	Region 1 Bay Area	Region 2 Central	Region 3 Southern	Region 4 Superior
General Life	3.82	4.17	3.87	3.63	3.74
Living Situation	4.44	4.67	4.46	4.37	4.38
Leisure Activities	4.08	4.13	4.15	3.75	4.00
Daily Activities	4.05	4.37	4.11	3.76	3.99
Family Relations	4.19	4.77	4.20	4.15	4.12
Social Relations	4.17	4.47	4.21	3.95	4.22
Finances	3.20	3.05	3.27	2.98	3.01
Safety	4.63	4.86	4.61	4.60	4.95
Health	3.79	3.77	3.81	3.67	3.71

Overall, these satisfaction subscale averages indicate clients report they feel “mostly dissatisfied” to “mixed” in these areas. Again, although a subscale score may be toward the lower or higher end, the client may have actually reported very strong feelings about one item and not others. Clinicians are encouraged to examine item as well as subscale results.

### Objective Scales

The *CA-QOL* objective scales are scored differently than the subjective scales. Each scale score should be considered in light of its specific rating scale. At this point results are being presented in terms of mean (average) scores for ease in comparison of data. Some of these scales should actually be reported as percents in each category. The yes/no ratings can be interpreted as percent who answered yes (e.g., statewide approximately 8 percent of the respondents reported they were a victim of crime in the past month).

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The scores on each of the objective subscales for first quarter data overall and by region are:

Objective Subscales	Possible Ratings	Overall Average	Region 1 Bay Area	Region 2 Central	Region 3 Southern	Region 4 Superior
Frequency of Family Contacts	0 = no family 1 = not at all 2 = < once a month 3 = at least once a month 4 = at least once a week 5 = at least once a day	2.80	3.03	2.68	3.20	3.12
Frequency of Social Contacts	1 = not at all 2 = less than once a month 3 = at least once a month 4 = at least once a week 5 = at least once a day	2.86	2.79	2.88	2.76	2.99
Amount of Spending Money	1 = less than \$25 2 = \$25 to \$50 3 = \$51 to \$75 4 = \$76 to \$100 5 = more than \$100	2.41	2.80	2.44	2.22	2.19
Adequacy of Finances	0 = No 1 = Yes	.61	.73	.62	.56	.63
Victim of Crime	0 = No 1 = Yes	.08	.07	.09	.07	.08
Number of Arrests	0 = 0 arrests 1 = 1 arrests 2 = 2 arrests 3 = 3 arrests 4 = 4 arrests 5 = 5 arrests 6 = 6 arrests	.16	.00	.19	.07	.05
Health Status	1 = excellent 2 = very good 3 = good 4 = fair 5 = poor	3.45	3.53	3.45	3.45	3.44

## MHSIP

The *Mental Health Statistics Improvement Program (MHSIP) Consumer Survey* is 26-item public domain instrument and is being used by a number of other states. The MHSIP Consumer Survey asks questions relating to general satisfaction, access to services, appropriateness of treatment, and outcomes of care.

The MHSIP item scores are based on a 5-point scale that ranges from 1 to 5. Additionally, a zero rating is available for a client to identify items that do not apply. Ratings are defined as follows:

0	=	Not Applicable
1	=	Client strongly disagrees with item
2	=	Client disagrees with item
3	=	Client is neutral
4	=	Client agrees with item
5	=	Client strongly agrees with item

When interpreting MHSIP subscale scores, higher scores are better and represent the client's positive perceptions of that aspect of the county's services. MHSIP scores are client self-reports. Sometimes factors other than the client's immediate perceptions of care can influence ratings of services (e.g., client is required to participate). As with all self reports, a client's symptoms, health, medication, etc., can also affect ratings. Items on satisfaction instruments typically tend to receive relatively high ratings and to show little variability.

The MHSIP subscale scores in the table below are the result of averaging the scores of the items associated with that subscale. Again, although a subscale score may be toward the lower or higher end, the client may have actually reported very strong feelings about one item and not others. Clinicians are encouraged to examine item as well as subscale results.

Subscales	Overall	Region 1 Bay Area	Region 2 Central	Region 3 Southern	Region 4 Superior
Access to Care	4.29	4.15	4.32	4.23	4.01
Appropriateness of Care	4.22	4.11	4.25	4.18	4.04
Perceived Outcomes	3.85	3.74	3.88	3.71	3.75
Satisfaction with Services	4.36	4.24	4.40	4.30	4.11

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Counties submitted fewer MHSIP files than for other instruments because the MHSIP is only completed at a client's annual review and at discharge.